

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 25 June 2015
Subject: Health and Wellbeing Update – Part 1
Report of: Strategic Director for Families, Health and Wellbeing

Summary

This report provides Members of the Committee with an overview of developments across Health and social care.

Recommendation

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Monitor has published 'The Five Year Forward View'¹

- 1.1 The 'Success Regime' is aimed at providing increased support and direction to the most challenged systems. The NHS Five Year Forward View sets out the challenges facing the health and care system over the next 5 years. Greater Manchester has developed radical proposals for bringing health and social care together into a £6bn pooled budget in 2016/17 that will accelerate improvement of the health and wellbeing of its 2.8 million people.
- 1.2 The document sets out three underpinning principles for change. Our shared challenge is to close three gaps in health care: the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap.

2. Association of Directors of Adults Social Services Budget Survey 2015²

- 2.1 The annual survey, which has just been published, finds that there have been 5 years of funding reductions totalling £4.6 billion and representing 31% of real terms net budgets. This year, adult social care budgets will reduce by a further £0.5 billion in cash terms. Taking the growth in numbers of older and disabled people into account, this means that an additional £1.1 billion would be needed to provide the same level of service as last year.
- 2.2 There are more than 400,000 fewer people receiving social care services since 2009-10 and of those who are still supported, a significant number will get less care. Most directors expect that still fewer people will get access to services over the next 2 years.
- 2.3 The Local Government Association says the report's findings support its view that investing in the NHS at the expense of social care is a false economy, as it is social care which provides the support which helps vulnerable and elderly people to live independently and stay out of hospital longer.

3. Local Alcohol Profile for Manchester 2015

Background

- 3.1 The Local Alcohol Profiles for 2015 were published by Public Health England on 2nd June. The aim of these profiles is to provide information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol. The Profiles cover 3 broad areas:
- Mortality
 - Hospital Admissions (including cause of admission)
 - Other Impacts

¹ <http://www.england.nhs.uk/wp-content/uploads/2015/06/5yfv-time-to-deliver.pdf>

²

http://www.adass.org.uk/uploadedFiles/adass_content/policy_networks/resources/Key_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf

- 3.2 In summary, Manchester is significantly worse than the England average for 54 out of the 63 separate indicators contained in the Profile. The city is significantly better than the England average for 6 indicators.

Key messages

Mortality

- 3.3 In 2013, there were approximately 203 deaths related to alcohol among people living in Manchester. This represents a rate of 64 deaths per 100,000 population. This is significantly higher than the England rate of 45 deaths per 100,000 population.
- 3.4 If all alcohol-related deaths were prevented for those aged 75 years or less, it is estimated that life expectancy at birth would increase by around 20 months in men and 8 months in women.

Hospital Admissions

- 3.5 Over the 3 year period between 2011/12 and 2013//14, the rate of alcohol-specific hospital stays among children aged under 18 was 55 per 100,000. This is significantly worse than the average for England (40 stays per 100,00) and represents an average of 62 hospital stays per year.
- 3.6 In the most recent financial year (2013/14), the overall rate of hospital stays for alcohol related harm was 863 per 100,000, significantly worse than the England average of 645 per 100,00. This represents 3,503 stays in hospital per year.
- 3.7 Alcohol-related unintentional injuries accounted for around a fifth (21%) of the total number of hospital stays for alcohol related harm among Manchester residents in 2013/14. A further 21% were due to alcohol-related mental and behavioural disorders resulting from the use of alcohol.
- 3.8 Trends show that admission episodes for alcohol-related conditions have increased slightly between 2012/13 and 2013/14, with the largest increase being seen in hospital stays for mental and behavioural disorders due to alcohol use, which have grown from 590 a year in 2012/13 to 730 a year in 2013/14 –an increase of 24%. In contrast, the number of stays due to alcohol-related unintentional injuries has fallen slightly (from 735 to 725).

Other impacts

- 3.9 In 2014, there were around 1,240 adults of working age claiming benefits (Incapacity Benefit/Severe Disablement Allowance or Employment and Support Allowance) due to alcoholism – a rate of 346 per 100,000 population. This is significantly worse than the England average of 131 per 100,000.

Policy actions

3.9.1 Reducing harmful drinking is one of Public Health England (PHE)'s 7 priority work areas for protecting and improving the health of the nation. PHE's work plan for 2015/6 includes:

- producing an independent report for government on the public health impacts of alcohol and on evidence-based solutions
- producing a framework on liver disease outlining public health actions to tackle liver disease, including alcohol
- looking at additional national performance indicators for alcohol treatment and recovery
- launching local Liver Disease Profiles to help health and wellbeing boards better understand liver disease and its risk factors
- setting out the evidence base for the introduction of a minimum unit price for alcohol
- considering the evidence for the inclusion of health as a licensing objective

3.10 The Manchester Alcohol Strategy outlines key actions for reducing alcohol-related harm to individuals, families and communities in the city. A review of the current strategy will begin in 2015/16. Current priorities for partners include:

- promoting and supporting changes in attitudes and behaviour
- ensuring that alcohol is sold responsibly
- protecting children and young people from alcohol-related harm
- providing access to alcohol early interventions and treatment
- reducing alcohol-related crime, disorder and antisocial behaviour

3.11 A redesign of alcohol and drug early intervention and treatment services is currently underway, one of the aims for the redesign is to rebalance investment in alcohol and drug treatment to more accurately reflect local prevalence (it is estimated that in Manchester there are 4 times as many dependent drinkers as opiate/crack users) thereby increasing the availability of alcohol early interventions and treatment. An open tender process to identify a suitable provider organisation will begin shortly, and it is anticipated that the new service will be operational early in 2016.

3.12 Further information about the Local Alcohol Profile can be found at <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>. For further information on alcohol and health please visit <http://www.lape.org.uk>.